

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015987

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 3041

Registrar's No. 74

FILED APR 30 1962

VS 300  
Rev. 4/59

10611

20611

3

4

5

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11061

1291-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN

Macon

Length of stay in 1b

Yrs.

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Jackson, &amp; Mo. sts.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Macon

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Macon

d. STREET  
ADDRESS(If outside, give location)  
108 Riley Ave

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Bobby Lee Weber

4. DATE  
OF DEATH

Month

Day

Year

Apr. 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/7/1940

9. AGE (last birthday)

21

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY

McGraw-Edison Co.

11. BIRTHPLACE (City and state or country)

Macon County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William L. Weber

13b. MOTHER'S MAIDEN NAME

Mildred Petre

14. NAME OF HUSBAND OR WIFE

Linda Weber Macon, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Linda Weber

Address

Macon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture Skull. Multiple fractures. Sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Collision auto &amp; tree

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Accident

Auto, Motorcycle Accident

20c. TIME OF  
INJURY

Hour

Month, Day, Year

6:15 p.m.

Apr. 22, 1962

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Cor. Jackson &amp; Mo. sts.

20f. CITY, TOWN, OR LOCATION

Macon, Mo.

COUNTY

Macon

STATE

Mo.

21. I attended the deceased from

6:15

to

P.

and last saw her

him alive on

Death occurred at

6:15

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Howard Grulla Mo

(Degree or title)

22b. ADDRESS

Macon

22c. DATE SIGNED

4/27/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Apr. 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Bethlehem Cem.

23d. LOCATION (City, town, or county)

Macon County, Mo.

(State)

24. FUNERAL DIRECTOR

Lester Hutton Macon, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4/25/62

26. REGISTRAR'S SIGNATURE

Lester Hutton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 10 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Marion, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.